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Children and young people experiencing domestic abuse

Citation for published version:

Houghton, C 2016, *Children and young people experiencing domestic abuse: Their priority issues*. Centre for Research on Families and Relationships.

Link:

[Link to publication record in Edinburgh Research Explorer](#)

Document Version:

Publisher's PDF, also known as Version of record

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There were consistently positive examples of specialist outreach support taking place at school which children felt also educated teachers:

“At one point I didn’t want to go to school. Now I’m looking forward to going...through a lot of help and listening and understanding.” (girl, 15)

Children’s involvement in service development and national policy-making

The young participants were confident that they have the expertise to improve services and policy. They wanted to speak for themselves, not through adult intermediaries

“they [adults] don’t know, we do” (boy, 11). They felt that politicians and practitioners should listen directly to their issues as survivors and service users and then take action on their solutions “make your plans worthwhile...help other people who need help” (girl, 13). Where government worked alongside young people on those solutions, such as some of the work with Voice Against Violence (see Briefing 3⁴), this was even more effective.

Reference: Fitzpatrick, S., Lynch, E., Goodlad, R., with Houghton, C. (2003) *Refuges for Women, Children and Young People in Scotland*, Edinburgh: Scottish Executive

Policy implications

1. Children and young people are victims/survivors of the domestic abuse: Children and young people, and their human rights, need to be clearly identified within gender based violence policy/legislation, definitions, priorities and action plans as victim/survivors, service users and agents of change.
2. Identification of the perpetrator as an abusive parent as well as partner is imperative: a robust justice and service response must hold the perpetrator to account for the effects of his abusive behaviour on the child’s life, including their safety, wellbeing, health, development and behaviour and crucially their relationships with their mothers, siblings and others.
3. Policy and service outcomes should be identified by young survivors and include: to be safe and secure in their own home (whether old or new); to feel OK in themselves - improved mental health, confidence and self-esteem (often through access to specialist workers); to have/rebuild positive nurturing relationships with their mothers, siblings, friends, family; to be listened to and have a say in decisions about their lives (including their views on risk and safety); to gain control, choice and agency in relation to their own lives (including information about them); to be supported at school and (then) achieve their best; to be out and about as part of the community, playing and having fun; to be free from abuse and feel justice has been done.
4. Early intervention to children and young people means access to a specialist support and advocacy worker as soon as they are identified as experiencing domestic abuse and throughout their journey to recovery: expansion of these services remains a priority. Young survivors should continue to co-design models of support, advocacy and good practice.
5. Improved identification and response to children and young people experiencing domestic abuse is essential: to inform and reassure children that it is safe to speak out there needs to be a consistent national approach, informed and co-developed with young survivors and supported by pre and post qualification training for all relevant professionals, prioritising teachers.
6. The justice system (criminal, civil, child protection) must robustly tackle domestic abuse as simultaneous abuse of women and children and include advocacy, participation and support for both. It needs to wrap around the family, include children’s views, evidence and risk assessment, and produce quicker outcomes.
7. Public and school education on gender equality, healthy relationships and gender-based violence should be co-designed with children and young people: Tackling stigma, naming abuse, signposting support and challenging attitudes were key elements identified by young participants.
8. Investment in the participation of young survivors in policy-making is crucial to its effectiveness. Research and data collection should require involvement of young survivors (e.g. in statistics; as active participants in qualitative research) and opportunities for young survivors to directly effect change.

“Without support, no one to speak to or open up to, you might battle with it yourself, it’s a route to bad behaviour, causes trouble in later life, eventually it’ll get a hold of you...my support worker saved my life” (boy, 16)



⁴<http://www.crfr.ac.uk/projects/current-projects/impact/>

IMPACT

Briefing Series

Children, Young People and Domestic Abuse

From Scottish Women’s Aid’s ‘Listen Louder’ campaign to the first independent young expert advisory group to government ‘Voice Against Violence’, children and young people experiencing domestic abuse have given their perspectives on priorities for action. Through a series of participatory action research projects (2004-2012) young survivors entered into dialogue with Scotland’s politicians.

This IMPACT briefing series aims to ensure that findings from these projects – the children and young people’s priority issues and their views on the participation of young survivors in national policy-making – influence policy and practice.

‘Violence against women and girls can have significant consequences on children and young people’s lives, including (but not limited to) children and young people who are directly or indirectly harmed through violence and abuse perpetrated by adults in their lives. There is significant evidence of links between domestic abuse and emotional, physical and sexual abuse of children, and children themselves can see domestic abuse as ‘coercive control’ of the whole family environment, not just of their mother.’ (Equally Safe¹, Scottish Government)

With thanks to the children and young people involved in the research and children’s support and advocacy workers for empowering them. Thanks also to the Scottish Government and ESRC for funding this briefing.

At the time of printing further information can be found at www.voiceagainstviolence.org.uk and <http://blogs.scotland.gov.uk/equally-safe/about/>

1 Children and young people experiencing domestic abuse: their priority issues

Author: Dr Claire Houghton June 2016

Key points

- **Voice** - Stigma as well as fear of the perpetrator overwhelmed young participants and prevented them speaking out; most young survivors had very few (if any) confidants about the abuse they suffer.

Many of the young participants lacked a language to name their abuse; they felt isolated and under extreme pressure; and could not identify where to go for help. The young participants were ignored by adults, who did not identify domestic abuse or the perpetrator as the problem.

Young participants felt that adults should listen to them as survivors with unique experiences, coping strategies and perspectives on risk, safety and support; and respect them as individuals with human rights.
- **Agency** - Young participants wanted involvement in decision-making as experts in their own lives. They particularly feared information sharing – they wanted choice, control and knowledge about the sharing of their information.
- **Support** - Young participants wanted access to a specialist support worker as soon they were identified as experiencing domestic abuse. Those that had not received immediate support recognised a resultant waste in public resources (social work, health, justice and education), as well as further personal suffering.

Young participants were creators of good practice models, identifying the following key elements: individual tailored support; separate but linked support for mothers and siblings; and peer support groups.

Young participants also identified key factors that contribute to resilience: Housing (having their own home), community (having friends close by, things to do), supportive schools and at least one person to talk to (mum, support worker, other survivors). The priority protective factors the participants identified were: tackling and removing the perpetrator; feeling safe with secure spaces to be in; and, being involved in decisions, safety plans and justice responses.
- **Power** - Young participants wanted to speak for themselves directly with those responsible for improving services and policy.

The study

The study involved children and young people experiencing domestic abuse across Scotland and asked for their perspectives on what would improve children’s lives. The young participants were accessed through specialist services, mainly Women’s Aid (although all participants had experience of a range of other services). 48 children and young people with experience of domestic abuse (aged 4-19, 32 girls/16 boys, a quarter self-identified as being from black and minority ethnic backgrounds) participated in focus groups or interviews. The majority then opted into creative workshops and film-making

¹Equally Safe: Scotland’s strategy for preventing and eradicating violence against women and girls (2016 edition) <http://www.gov.scot/Resource/0049/00498256.pdf>

(Listen Louder 2004, Voice Against Violence 2011) or/and direct contact with Ministers of the Scottish Government (latterly with local authority representatives). Smaller groups of these young people took a more sustained role in policy-making (five in 2007-8, eight in 2009-2012) that involved an intense process of reflection and action on issues and solutions, working alongside politicians and policy-makers. Each of these stages involved further peer involvement - peer research, campaigning, mentoring and lobbying, which has meant hundreds of children and their support/advocacy workers have been involved over these years. The ethics of involving young survivors was a key issue and is discussed in Briefing 2 of this Impact series².

Findings

The importance of speaking out

Many of the young participants lacked the language to talk about their experiences: “children don’t say “domestic abuse”” (girl, 17). Most had felt alone when living with domestic abuse and did not know that help was available. Not feeling able to talk about domestic abuse was an unbearable pressure to most young participants, affecting them mentally and physically. They illustrated this through words and drawings depicting heads and bodies full of traumatic and depressive emotions such as anger, fear, sadness, loneliness, worry, depression: “bad, sad...and lonely” (boy, 6). A significant minority spoke of suicidal feelings.

All of the young participants in this study prioritised having someone to talk to who understood domestic abuse and whom they could trust: “Talking helps. Find someone you trust.” (girl, 19). Their advice to others was to keep trying to find someone even if the first try failed:

“Don’t keep it bottled up inside. It’s always best to let somebody know ‘cause if no-one knows then no-one can help you and you just end up exploding” (girl, 13)

Many of the children and young people spoke of the release and relief after speaking out and the majority agreed that they could “get over it and have a normal life” (boy, 9) despite long histories of domestic abuse and adverse effects on their health and well-being. The children and young people recommended “unscary” public awareness campaigns targeting children, naming abuse and ways to get help.

Barriers to speaking out – issues for agencies

All participants were afraid of the perpetrator discovering that they had spoken out about the abuse, fearing further abuse of themselves and their mothers. Many children and young people in refuges were scared of being found and felt they could only be safe away from the perpetrator: “don’t tell him, to keep us safe” (girl, 9). Children and young people felt it was unfair that they were often not protected after telling.

Many of the young participants felt ignored by adults (at police incidents, women’s services, courts, etc.) and that their insights into the severity and extent of the abuse, its effects and continuing risk were not sought nor listened to. Some gave examples of inappropriate responses from different agencies when they tried to talk. They were clear that children and their mothers “went through it [domestic abuse] together” (girl, 17) but felt that many professionals thought domestic abuse was “between adults” and did not

listen to children. There were a few examples of positive responses, such as the sheriff, police officer or teacher taking time to listen, domestic abuse being “treated as the crime it is” (girl, 17), the head-teacher keeping them safe at pick up times and quietly helping the child and their mother get help.

The young participants felt labelled when their behaviour became the focus: “when it’s everything else that’s wrong” (boy, 17). Disturbingly, all of the participants felt that if they told they would be stigmatised, for example as “mental” (mixed group), “doomed” (girl, 16) or “a bad family” (boy, 6): “kinda branding that there’s something wrong with you” (girl,18). They feared an invasion of their privacy, with too many personal questions and an expectation to disclose everything immediately, and other people being told their business. This resulted in a common, acute, need for strict confidentiality and sensitivity in relation to support, with the majority not wanting to be identified publicly as experiencing domestic abuse.

The young participants had strong responses about whether professionals should share information about them. Many felt this was too scary because of possible consequences and some felt that would be a betrayal of hard earned trust. Consequences ranged from being put in danger to worries that they would receive sympathy and not support:

“Don’t want special treatment, want OK to talk, don’t want whole school to feel sorry for me” (girl, 9)

For others, if done sensitively and, vitally, with their permission, it would prevent the pain of retelling their traumatic story and improve responses (especially of schools and, for some, housing agencies):

‘Many, many times I’ve had to repeat myself to so many different people and I just can’t do it anymore, there’s no point’ (girl, 15)

A specialist support worker

Young participants expressed the need for a specialist, named, support worker throughout their journey through domestic abuse. This could be “from any agency, we don’t care as long as they understand” (boy, 17), though most recommended and trusted Women’s Aid and a few were fearful of social work intervention. Of key importance to the participants was that the worker should be allocated as soon as children were identified as experiencing domestic abuse - when they spoke out, their mother accessed services or the police were called. Older participants cited mental health, education, drug and alcohol problems, and costly agency intervention because they had not received support immediately. They felt that the child should be “seen as an individual and taken seriously” (girl, 19), recognised as a “victim” of domestic abuse, with rights to services.

Children that had a support worker spoke very highly of that support and the importance of its confidential and understanding nature, stressing that confidentiality needed to extend to privacy between children and their mothers or/ and between siblings. The essential credentials for support workers identified by the children and young people were: an understanding of domestic abuse and being able to talk about it openly; trust, respect and friendliness; and creativity

and flexibility in helping children communicate. Younger children, aged 8-11, wanted someone like family – someone to take care of them, help them keep safe and know right from wrong, and provide escape activities: “to take their mind off whatever is bothering them” (girl, 11). This helped them to be glad to be away, gain confidence, pride and feel better inside: “replace bad memories with good memories” (girl, 9). Older young people wanted a 1:1 worker with whom they could build up trust, talk openly about domestic abuse with sessions focussed on solutions, including action young people could take to address anger and other issues.

Gaps in specialist support services identified by some of the participants included a lack of sustained, regular individual support, evening and weekend support and the need for more fun activities including outdoor pursuits. Some support was withdrawn once the participant moved house or reached a certain age and this was perceived as a rejection, isolating and unfair. They felt that each child should be able to access a support worker at venues of their choice, “it’s whatever’s good for you” (boy, 19) and recommended outreach support workers in communities after listening to unanimous positive experiences of recipients.

Individual support linked to concurrent support for mother and siblings

A minority of young people spoke of individual and group support experiences that were linked to concurrent support for their mothers. Others felt this was a positive approach, if they could control what information was shared. Many participants, particularly older girls, found it difficult to talk to their mothers about domestic abuse even though she was their key person to keep them safe and support them in lots of ways. Help to talk to mothers and make decisions together was important in getting over abuse:

“We learned that we are not alone in a world out to get us but together a family fighting back against the pain of abuse” (boy, 16)

Some siblings also found it difficult to talk and get on with each other. Their problems were accentuated by different sibling reactions to domestic abuse, lack of individual support and shared living space. Some young people advocated separate but linked, confidential support for siblings also.

Peer support

The majority of young participants did not talk to their friends about domestic abuse and the few exceptions tended to be friends with similar experiences. Most participants aged 9 and above expressed the need for new friends, of their own age, who had experienced domestic abuse: “only they understand your darkest moments” (boy, 17). This often had a transformational effect on their lives and well-being:

“Makes you strong, helps you feel you are not alone and you can get through it” (girl, 9)

Groupwork with peers, small groups, of a narrow age range and mixed gender was advocated by most but not all participants, initially about dealing with domestic abuse and accessing support workers (such as the CEDAR³ model and Women’s Aid groupwork) then moving on to informal friendship groups for peer support: “they inspire you, if they’ve got through it so can you” (boy 16).

Housing and friends, feeling normal

Having a home of their own (within or outwith refuges) with friends nearby and near to school were of key importance to all the young participants: “it’s just normal, innit?” (boy, 16). When this normality was coupled with one person they could speak to about domestic abuse, mother or support worker but preferably both, then young people were markedly more content and resilient than others in the study. Many young participants spoke of missing friends, cousins and, for a minority, siblings, when they had to move to get away from the perpetrator.

The young participants saw refuges (Women’s Aid safe houses) as a source of safety, confidentiality, peer support and specialist worker support. They recommended Women’s Aid to others: “Don’t suffer in silence. Lots of wee flats so no one can get abused...” (boy, 13), in particular stressing its confidential nature “to keep us safely” (girl, 11). The peer support that refuges offered, especially through their communal areas was vital, with young people criticising the lack of space for them and some children requesting more access to play spaces. The young participants’ satisfaction and happiness related directly to whether the refuge was shared (sharing flats, kitchens and bathrooms with other families) or whether their family had their own flat within a refuge that also had communal areas (reinforcing Fitzpatrick et al. 2003). Sharing flats with other families was found to have an adverse effect on their feelings of well-being and resilience, ability to talk with their families or siblings and to move on.

Many participants spoke of the need to not be ‘stuck in’ new homes, the need for support to continue through house moves and the need to get out and have fun:

“This isn’t our fault...why just sit and get depressed...when you can just go out there and enjoy yourself and get on with your life?” (girl, 13)

School support

Young participants suggested that schools should be the best place for children and young people to access support, despite most revealing that they could not speak to a teacher about the abuse they were suffering:

“School is, like, an important part of a child’s life, so there should be support there” (girl, 15)

The majority of these participants felt that teachers had made their experiences worse through reprimanding them for issues they had little or no control over; completion of homework was difficult when living with abuse or in cramped conditions without access to books or laptops; poor attendance and lateness was due to abuse, protecting mothers, moves and lack of transport; and a (very common) decline in the standard of work was due to problems with concentration, mental health, and anxiety. The participants were particularly upset by shouting, judgmental attitudes and being called liars. Most felt that teachers would not understand, would view them differently and negatively due to stigma attached to domestic abuse: “them just having knowledge of domestic abuse would probably help” (boy, 17). There were a few notable and transformational examples:

“My head teacher listened, then my head stopped hurting and I could concentrate in my lessons again” (boy, 9)

²<http://www.crfr.ac.uk/projects/current-projects/impact/>

³<http://www.cedarnetwork.org.uk/>